

N.M.O.C.D. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry hole</u>		RECEIVED APR 12 1983 O. C. D. ARTESIA, OFFICE
2. NAME OF OPERATOR <u>DEPCO, Inc.</u>		
3. ADDRESS OF OPERATOR <u>800 Central Odessa, Texas 79761</u>		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement. See also space 17 below.) <u>At surface</u> <u>F- 1980 FN & WL, Sec.27, T11S, R30E</u>		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3986.4 GR</u>	

5. LEASE DESIGNATION AND SERIAL NO. <u>NM 18619</u>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME <u>Apache Springs Unit</u>
9. WELL NO. <u>2</u>
10. FIELD AND POOL, OR WILDCAT <u>Wildcat Miss.</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>27-11-30</u>
12. COUNTY OR PARISH <u>Chaves</u>
13. STATE <u>NM</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

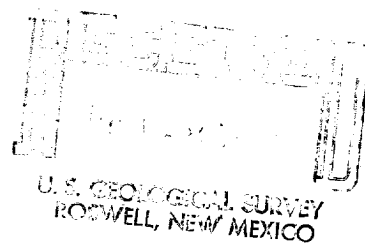
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

2-8-81 Set class "H" cement plug as follows:

25' 9300-9325'
50 sx. 6925-7075'
50 sx. 6365-6515'
35 sx. 3170-4170'
35 sx. 2750-2850'
10 sx. Set @ surface w/dry hole marker.



18. I hereby certify that the foregoing is true and correct

SIGNED P.L. Denney TITLE Chief Production Clerk DATE 2-11-81

(This space for Federal or State Approval)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 8 1983

*See Instructions on Reverse Side

RECEIVED

APR 18 1983

OCD
PLANS OFFICE